

PRLS BOND/CASH DEPOSIT CLAIM

RE 259 (Rev. 8/03)

GENERAL INFORMATION

CLAIM INFORMATION

YOUR FULL NAME – LAST, FIRST & MIDDLE [IDENTIFIES YOU AS THE CLAIMANT]

CLAIMANT'S RESIDENCE ADDRESS – STREET ADDRESS

CITY

STATE

ZIP CODE

CLAIMANT'S BUSINESS ADDRESS – STREET ADDRESS

CITY

STATE

ZIP CODE

CLAIMANT'S OCCUPATION

BUSINESS TELEPHONE NUMBER

RESIDENCE TELEPHONE NUMBER

FULL NAME OF PREPAID RENTAL LISTING SERVICE

BUSINESS TELEPHONE NUMBER

NAME OF AGENT OR REPRESENTATIVE – LAST, FIRST & MIDDLE

WHERE WAS CONTRACT SIGNED? BUSINESS ADDRESS – STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF TRANSACTION

DATE REFUND REQUESTED

REASON REFUND REQUESTED

RESPONSE OF LICENSEE

DID YOU FILE A LAWSUIT AGAINST THE LICENSEE?

☐ YES☐ NO

IF YES, LIST THE CASE NUMBER AND COURT INFORMATION.

CASE NUMBER

NAME AND ADDRESS OF COURT

DID YOU WIN A JUDGMENT AGAINST THE LICENSEE?

☐ YES☐ NO

IF YES, COMPLETE THE FOLLOWING.

AMOUNT OF JUDGMENT COLLECTED (IF ANY)

AMOUNT OF JUDGMENT THAT HAS NOT BEEN PAID

DESCRIBED WHAT STEPS WERE TAKEN TO COLLECT JUDGMENT

Certification*I certify under penalty of perjury the foregoing statement and attachments thereto are true and correct.*

SIGNATURE OF CLAIMANT



DATE SIGNED

LOCATION OF CERTIFICATION (CITY, STATE)